

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN190S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/08/2009
NAME OF PROVIDER OR SUPPLIER RENOWN SKILLED NURSING		STREET ADDRESS, CITY, STATE, ZIP CODE 1835 ODDIE BLVD SPARKS, NV 89431		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on July 6, 2009 and finalized on July 8, 2009, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00022361 was substantiated with deficiencies cited. See Tag</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	Z 000		
Z370 SS=E	<p>NAC449.74517 Nursing Staff</p> <p>1. A facility for skilled nursing shall ensure that there is a sufficient number of members of the nursing staff on duty at all times to provide nursing care to and attain and maintain the highest practicable physical, mental and psychosocial well-being of each patient in the facility in accordance with his plan of care.</p>	Z370		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z370	Continued From page 1 This Regulation is not met as evidenced by: Based on interview the facility failed to provide sufficient staff during shift changes and employee breaks to ensure that call lights were promptly answered by staff to accommodate resident needs. Severity 2 Scope 2	Z370			

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